

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030559

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7691

STATE FILE NUMBER

FILED AUG 1 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY

c. CITY OR TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ALEXIAN BROS. HOSP.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS

2211 S. JEFFERSON AVE

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

EDWARD

STUFLE

4. DATE OF DEATH

JULY

24

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG 22, 1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED TAILOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

HUNGARY

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

JOHAN STUFLE

13b. MOTHER'S MAIDEN NAME

ELIZABETH WEGE

14. NAME OF HUSBAND OR WIFE

LORETTA STUFLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. INFORMANT

LORETTA STUFLE 2211 S. JEFFERSON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

4 1/2

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1963 to July 24 1963 and last saw her alive on 7-24-63
Death occurred at 6:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5703 Chippin St. Mo

22c. DATE SIGNED

7-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

JULY 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

SUNSET BURIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

(State)

24. GENERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

JUL 26 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4861

P. O. Address St. Louis 19,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. M. L. Linnick 16 Hampton Heights
St. Louis 1-3581
1-5th St. Arch. St. Louis 1-6080